



HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION
BIOMETRICS / HEALTH SCREENING VERIFICATION FORM
FOR USE BY NEWLY ELIGIBLE EMPLOYEES

Rev: 1 | Date: 03/22/2024

This form may be used only if a newly benefits eligible employee is having a biometric screening completed by their personal physician. If verification is for a spouse, or domestic partner, please be sure to print the name of the spouse/domestic partner, in addition to the employee's name. Please complete a separate form for each person screened.

Date

Employee ID#

Print Employee Name (First, Last)

If applicable, Print Name of Spouse/Domestic Partner (First, Last)

I hereby confirm that _____ was assessed for
Cholesterol, Blood Pressure, Glucose, Body Mass Index and Body fat on _____.
He/she is or will be made aware of the test results.

Print Name of Health Screener

Signature of Health Screener

Telephone Number

Please affix the provider's official stamp on this completed document prior to submission.

Please send the completed form by email or fax to:

Email: healthyliving@fortlauderdale.gov

OR

Fax: 954-828-5328